

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Kindred Healthcare, Inc. PAC

ADDRESS (number and street) ▼

680 S. Fourth St.

☐ Check if different than previously reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00242271

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Raymond Sierpina

Signature of Treasurer

Raymond Sierpina

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
04		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">147536.57</td></tr></table>	147536.57				
Y	Y	Y	Y	Y													
2016																	
147536.57																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">84320.97</td></tr></table>	84320.97															
84320.97																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">30224.70</td></tr></table>	30224.70					<table><tr><td colspan="5">52509.10</td></tr></table>	52509.10									
30224.70																	
52509.10																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">114545.67</td></tr></table>	114545.67					<table><tr><td colspan="5">200045.67</td></tr></table>	200045.67									
114545.67																	
200045.67																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00					<table><tr><td colspan="5">85500.00</td></tr></table>	85500.00									
0.00																	
85500.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">114545.67</td></tr></table>	114545.67					<table><tr><td colspan="5">114545.67</td></tr></table>	114545.67									
114545.67																	
114545.67																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 04 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6680.70

15886.10

(ii) Unitemized

3544.00

16623.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

10224.70

32509.10

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

10224.70

32509.10

12. Transfers From Affiliated/Other

Party Committees.....

20000.00

20000.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

30224.70

52509.10

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

30224.70

52509.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	81500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	4000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	85500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	85500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10224.70	32509.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10224.70	32509.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. David R Windhorst

Mailing Address 2000 Spring Farms Road

City

Floyds Knobs

State

IN

Zip Code

47119-9722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Financial Systems Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR1094185047429

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Charles Wardrip

Mailing Address 2805 Chestnut Ridge Place

City

Louisville

State

KY

Zip Code

40245-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR1094187947429

Amount of Each Receipt this Period

135.00

☐ Memo Item

P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Stephen M Dobler

Mailing Address 1106 Holly Springs Drive

City

Louisville

State

KY

Zip Code

40242-7771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP IS Finance & Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR1094188047429

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

555.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Sean R Muldoon

Mailing Address 239 Fairfax Avenue

City

Louisville

State

KY

Zip Code

40207-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Med Off HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1094192247429

Amount of Each Receipt this Period

570.00

☐ Memo Item

P/R Deduction (\$190.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Joel W Day

Mailing Address 2017 Spring Farms Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Operations CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1094193147429

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Susan Moss

Mailing Address 161 Westwind Road

City

Louisville

State

KY

Zip Code

40207-1545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Mktg & Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1094193347429

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

810.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Charles Michael Grannan

Mailing Address 7109 Cannonade Court

City

Prospect

State

KY

Zip Code

40059-9332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Purchasing

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1094193947429

Amount of Each Receipt this Period

105.00

☐ Memo Item

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Michael J Bean

Mailing Address 4304 Hill Top Road

City

Louisville

State

KY

Zip Code

40207-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Tax

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1094195147429

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Anne S Woods

Mailing Address 7420 Falls Ridge Ct.

City

Louisville

State

KY

Zip Code

40241-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP Internal Audit

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1094195447429

Amount of Each Receipt this Period

165.00

☐ Memo Item

P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. John Lucchese

Mailing Address 14401 Broad Oak Place

City	State	Zip Code
Louisville	KY	40245-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP & Chief Accting Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Transaction ID : PR1094195947429

Amount of Each Receipt this Period

288.00

☐ Memo Item

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Joseph Landenwich

Mailing Address 1822 Casselberry Road

City	State	Zip Code
Louisville	KY	40205-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Gen Counsel & Corp Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Transaction ID : PR1094196347429

Amount of Each Receipt this Period

180.00

☐ Memo Item

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Brian L Caudill

Mailing Address 1647 Beechwood Avenue

City	State	Zip Code
Louisville	KY	40204-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Sr Dir HD Reimb

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2016

Transaction ID : PR1094197347429

Amount of Each Receipt this Period

78.00

☐ Memo Item

P/R Deduction (\$26.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

546.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. William M Altman

Mailing Address 9103 Lexington Lane

City

Louisville

State

KY

Zip Code

40241-2423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

EVPStrategyPolicy&IntCare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : PR1094198047429

Amount of Each Receipt this Period

576.90

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Patricia M McGillan

Mailing Address 510 Altagate Rd

City

Louisville

State

KY

Zip Code

40206-2969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

VP & Chief Counsel NCD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : PR1094229947429

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Raymond J Sierpina

Mailing Address 14 Westwind Road

City

Louisville

State

KY

Zip Code

40207-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

SVP Pub Pol & Gov Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : PR1094246647429

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

966.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Gwynn Rucker

Mailing Address 13005 81st Ave Ct E

City

Puyallup

State

WA

Zip Code

98373-7722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP NCD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR1094247847429

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Benjamin A Breier

Mailing Address 5718 Harrods Glen Drive

City

Prospect

State

KY

Zip Code

40059-7644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2016

Transaction ID : PR1094250947429

Amount of Each Receipt this Period

576.90

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Michael L. Moody

Mailing Address 10606 Taylor Farm Ct

City

Prospect

State

KY

Zip Code

40059-9580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

DVP Business Devlp

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR1135243747429

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

786.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mary Jane Dailey

Mailing Address 10411 Loving Trail Drive

City	State	Zip Code
Frisco	TX	75035-8181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare, Inc.Occupation
VP CCO HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1618127547429

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Jeffrey M Jasnoff

Mailing Address 9012 Coltsfoot Trace

City	State	Zip Code
Prospect	KY	40059-7672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare, Inc.Occupation
SVP Human Resources Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1961243347429

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Jeffrey P Stodghill

Mailing Address 2109 Village Drive #3

City	State	Zip Code
Louisville	KY	40205-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred Healthcare, Inc.Occupation
VP & Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

Transaction ID : PR1961243447429

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. James T Flowers

Mailing Address 4020 Gilman Avenue

City

Louisville

State

KY

Zip Code

40207-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

SVP Corp Fin & Treasury

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	6		

Transaction ID : PR1975144147429

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Patricia M HenryMailing Address 2555 N Pearl St
#502

City

Dallas

State

TX

Zip Code

75201-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Executive Consultant KRS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	6		

Transaction ID : PR1983484547429

Amount of Each Receipt this Period

285.00

☐ Memo Item

P/R Deduction (\$95.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Jovena Stucker

Mailing Address 5851 Midnight Moon Dr

City

Frisco

State

TX

Zip Code

75034-0715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President RHB

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	6		

Transaction ID : PR1983484747429

Amount of Each Receipt this Period

54.00

☐ Memo Item

P/R Deduction (\$27.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

429.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Mary Claire Willman

Mailing Address 440 Belleview Avenue

City

Saint Louis

State

MO

Zip Code

63119-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

DVP Sales KRS

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	6		

Transaction ID : PR1983484847429

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$45.00 Weekly)

Full Name (Last, First, Middle Initial)

B. Stephen R Cunanan

Mailing Address 7913 Farm Spring Drive

City

Prospect

State

KY

Zip Code

40059-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Chief Admin & CPO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	6		

Transaction ID : PR2151070247429

Amount of Each Receipt this Period

525.00

☐ Memo Item

P/R Deduction (\$175.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Stephen Farber

Mailing Address P.O. Box 1349

City

Prospect

State

KY

Zip Code

40059-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Exec VP & CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			3	0			2	0	1	6		

Transaction ID : PR2201869647429

Amount of Each Receipt this Period

576.90

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1191.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. John David Cross

Mailing Address 1731 Randons Point Drive.

City

Sugar Land

State

TX

Zip Code

77478-4270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare Inc.

Occupation

Market CEO I HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR2204224147429

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Jason Zachariah

Mailing Address 1004 Anchorage Woods Circle

City

Louisville

State

KY

Zip Code

40223-2370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR2325313647429

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Rachel J Compton

Mailing Address 15 Edgebrook Dr

City

Phillips Ranch

State

CA

Zip Code

91766-4769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kindred Healthcare, Inc.

Occupation

Region Vice President KHR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 30 / 2016

Transaction ID : PR2326240947429

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$40.00 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 17
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) A. Tammy L Barker			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>04 / 30 / 2016</div> </div>	
Mailing Address 23 Braxton Court			Transaction ID : PR2342814647429	
City Simpsonville	State KY	Zip Code 40067-7677	Amount of Each Receipt this Period <div> <div>150.00</div> </div>	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>		
Name of Employer Kindred Healthcare, Inc.		Occupation SVP Clin & Res Svcs NCD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>450.00</div> </div>		
			P/R Deduction (\$50.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B.			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period <div> <div></div> </div>	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> </div>		

Full Name (Last, First, Middle Initial) C.			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period <div> <div></div> </div>	
FEC ID number of contributing federal political committee. C		Memo Item <input type="checkbox"/>		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div></div> </div>		

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

6680.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Gentiva Health Services Inc PAC GentivaPAC

Mailing Address 3350 Riverwood Parkway, Suite 1400

City State Zip Code
 Atlanta GA 30339

FEC ID number of contributing
federal political committee.

C C00407080

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

04 / 12 / 2016

Transaction ID : 71153838

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Transfer from Affiliated Committee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

20000.00

TOTAL This Period (last page this line number only)..... ►

20000.00